



For TMS Use Only	
Date Received:	_____
Scholarship Fund:	_____
Amount of Aid:	
Fall _____	\$ _____
Spring _____	\$ _____
Approved by:	_____

Application for Church Matching Funds

STIPULATIONS

1. The Master's Seminary will match contributions from a student's home church on a one-for-three basis per semester for fall and spring semesters only. That means TMS will match \$1 for each \$3 contributed by the church. The seminary's contribution cannot exceed \$500 of the tuition cost per semester. In some cases, the church's contribution may be used toward the student's other educational expenses such as books, supplies, room and board.
2. The contribution must come directly from the church and not from individuals.
3. This application and a check from the participating church payable to **The Master's Seminary** must be received in our office no later than **July 10 for the fall semester**, and no later than **December 10 for the spring semester**. If a check and application are received past the deadline, then TMS may apply both the check and match toward the following semester, if applicable.
4. The student must be enrolled full-time to be eligible for this scholarship. The minimum full-time academic load is 11.0 units per semester (M.Div. and B.Th.). A 4-unit minimum load is required for Th.M. students. Students in the Dip.Th., D.Min., and Ph.D. programs do not qualify.
5. The student must maintain a cumulative GPA of 2.75 or above.
6. The availability of funds is contingent upon budgetary approval for each academic semester.

TO THE PARTICIPATING CHURCH

Please complete this form and mail it, along with a check made payable to The Master's Seminary, to: **The Master's Seminary, Office of Financial Aid, 13248 Roscoe Blvd., Sun Valley, CA 91352.**

Student ID Number	Student Name: Last	First	Middle Initial
P000 ____ ____	_____		
Student Address: _____			
City: _____		State/Zip: _____	Country: _____
Student Email: _____		Student Phone Number: _____	
Church Name: _____		Church Phone Number: _____	
Church Address: _____			
City: _____		State/Zip: _____	Country: _____

Please check the semester for which the check is intended to be applied and matched: Fall Spring Both

SIGNATURE

I certify that I am an authorized representative of the church named above and that I have read and understand the guidelines stated above governing The Master's Seminary Matching Funds program. The sponsorship being submitted (enclosed with this application) for the above-named student is a corporate gift of our ministry.

Representative's Name: _____

Signature: _____ a _____ Date: _____ aaaaa _____

Electronic signatures are not accepted



CONSENT TO DISCLOSURE OF PERSONAL INFORMATION

Type of Scholarship Applied for: _____

Student's Full Name: _____

Student's Email Address: _____

I agree to disclose information regarding my student account including, but not limited to: GPA, finances, Ministry Aptitude Score, and future ministry plans. I affirm that this information will be used for Development purposes. I consent to such disclosure.

I agree

APPROVED BY -- Student

ACCEPTED BY -- TMS

Signature

Signature

Printed Name

Printed Name, Title

____ / ____ / ____
Date

____ / ____ / ____
Date